PTSD / Combat Operational Stress in Garrison Commands

NAVY AND MARINE CORPS COMBAT & OPERATIONAL STRESS CONFERENCE 2010:

"TAKING ACTION, MEASURING RESULTS"

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The New Norm:

"All I knew was war. During my first term I was either working up for a deployment to Iraq or in Iraq. I experienced excitement, fear, sadness, pride, satisfaction. . .I was relevant. It was exactly what I signed up to do. With war as my only point of reference, coming to a training command and dealing with the monotony of the mission coupled with the monotony of home-life rocked my world. To a Marine who only knows war, peace sucks."

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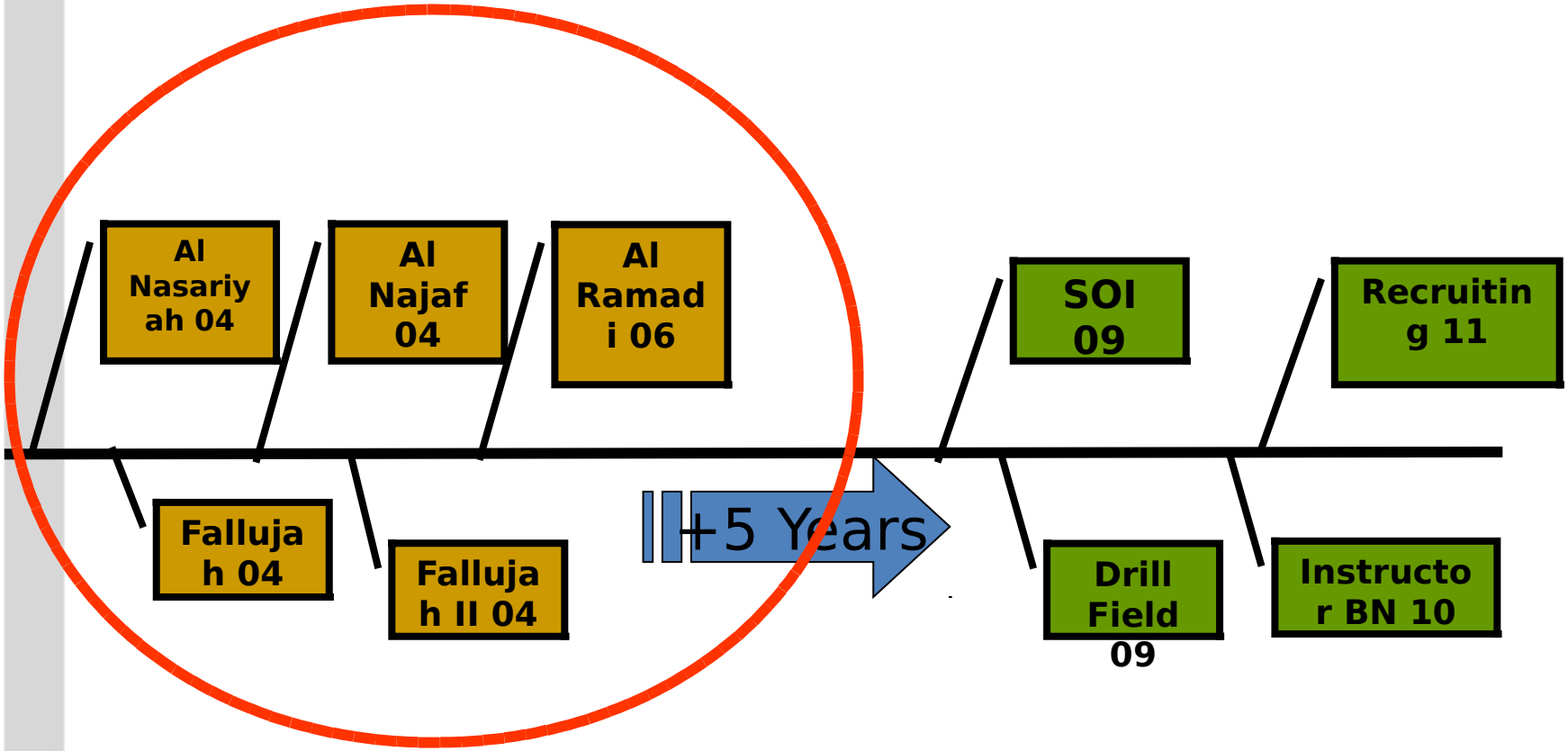
While we are surging resources to address PTSD / Combat Operational Stress to the Operating Forces, are we resourcing the Garrison Commands enough?

- Where do combat vets go after the operating forces and what resources do we have to address their needs?
- When is PTSD most likely to manifest – operating forces or garrison?
- We must resource operating force commands and garrison commands alike to deal with this persistent byproduct of war.

Where are the challenges now?



Instructor Battalion, The Basic School:

- **1004 Marines in Instructor Battalion**
- **763 combat vets**
  - **80% with Multiple tours**
    - **Fallujah 2004-2005**
    - **Ramadi 2005-2006**
    - **Al Quaim 2005**
    - **Haditha 2006**
- **691 Married Marines**
  - **Divorce Rate?**
  - **Post Deployment Divorce?**
- **678 NCOs**

300 ~ PTSD – Tip of the Iceberg?

- **270 ~ The New Norm**
  - **General Anxiety**
  - **Domestic Tensions**
  - **Increased Alcohol Use**
  - **Sleep Disorders**
- **20 ~ Misconduct**
  - **Domestic Abuse**
  - **Alcohol Abuse**
  - **Drug Abuse**
  - **Reckless Behavior**
- **10 ~ Never Be the Same**
  - **PEBs**
  - **Suicide**
  - **Administrative Separation**

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A Combustible Mix:

***1st Tour OpTempo – PTSD**

***$$$$ from Combat Pay and Reenlistment bonuses (average in BN=$31,000)**

***Impulsive, Immature, Dysfunctional Marriages**

***Transfer to supporting establishment – time on their hands.**

The demons come to the surface once their life slows down.

Early Intervention/Prevention

React/Respond

Domestic Abuse
Alcohol Abuse
Reckless Driving
Drugs
Financial

Wounded Warrior

Incident

OSCAR

Small Group Discussion w/ Military Family Life Consultants

PDHRA/ PHA

FRO Intervie w

Family Readiness Command Team

Marine Checks In

Deployment Health Clinic

Mental Health

Bethesda

VA

Wilmington

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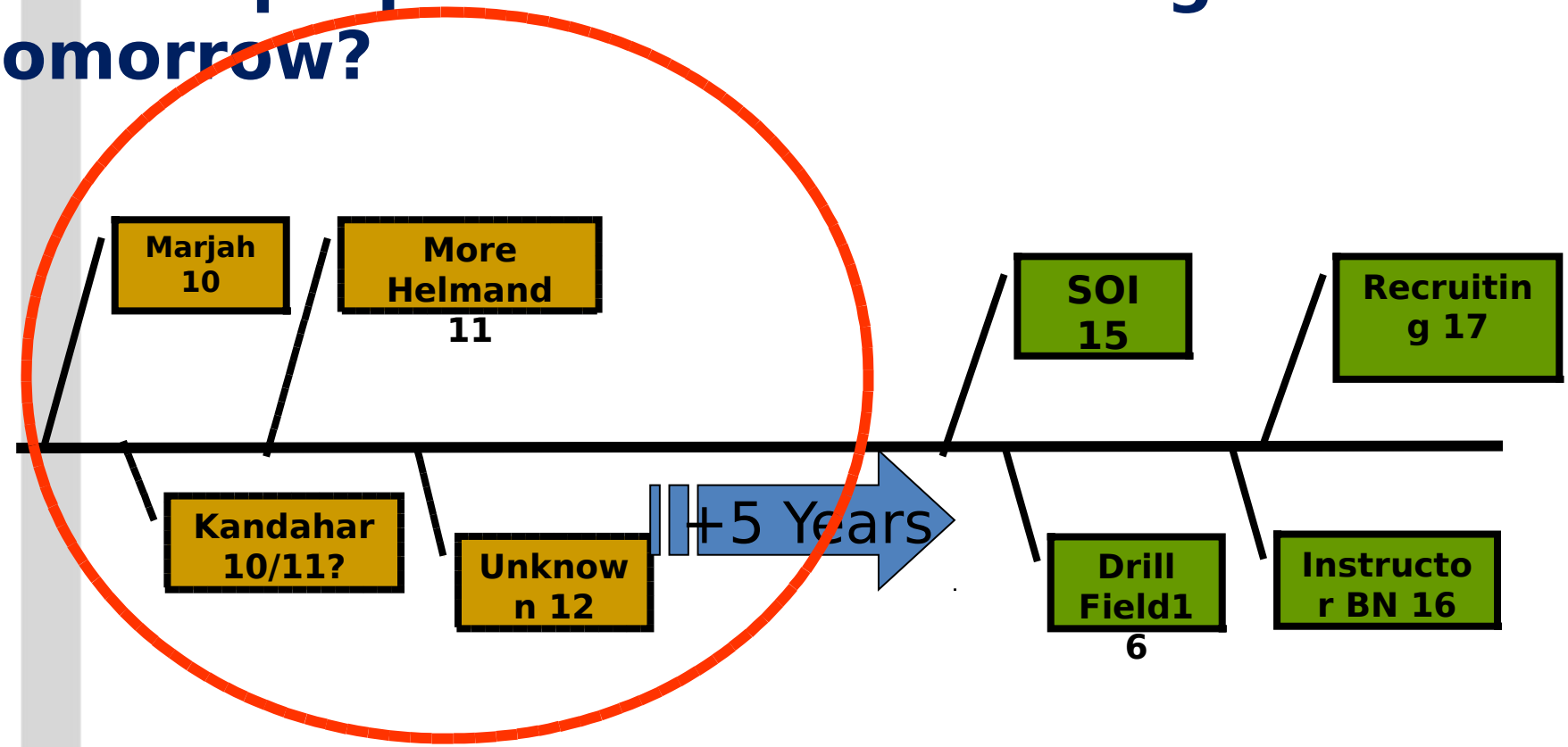
Garrison Command Challenges:

- No Medical Officer – Commander's Health Readiness Advisor.
- HIPAA – and other bureaucratic obstacles.
- Repetitiveness, irrelevance, isolation, monotony, loss of identity.
- Longing for combat – *"what they only know."*
- I used to be somebody – Now a Sgt among Sgts (IB issue).
- The Combustible Mix.

Are we prepared for the challenges of tomorrow?



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Conclusions:

- We have mobilized the operating forces for war, but what of the supporting establishment?
- The psychological/emotional wounds of war can surface later when tempo slows making the garrison commands the likely place where support is required.